

FILED FEB 6 1945  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 372

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
WHEATLEY COLORED HOSP  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 DAYS  
(Specify whether \_\_\_\_\_)

In this community 5 DAYS  
years, months or days

3. (a) PRINT FULL NAME MATTIE PRATT

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race NEGRO

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife CHARLES PRATT 6. (c) Age of husband or wife if alive DECD years

7. Birth date of deceased JULY 8 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 6 8 hr. min.

9. Birthplace JOHNSON CO MO  
(City, town, or county) (State or foreign country)

10. Usual occupation SERVANT

11. Industry or business HOUSE WORK

12. Name CHAS BUTTER

13. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

14. Maiden name MATHERINE FISHER

15. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS AN TAYLOR

(b) Address HOLDEN MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 19 1945  
(Month) (Day) (Year)

(c) Place: burial or cremation HOLDEN CEMETERY

18. (a) Signature of funeral director Canadian & Rapp

(b) Address HOLDEN MISSOURI

19. (a) 1-23-45 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JOHNSON

(c) City or town HOLDEN  
(If outside city or town limits, write "RURAL")

(d) Street No. WEST 4TH ST  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 16 year 1945 hour 8:25 minute A M.

21. I hereby certify that I attended the deceased from 1-11-45 to 1-16-45

that I last saw him alive on 1-15-45 and that death occurred on the date and hour stated above.

Immediate cause of death Shock - ex haemorrh

Due to Decubitus left crura metastasis

Other conditions 49 a

Major findings: Burgu = fixed

Of autopsy ✓

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (2) Means of injury \_\_\_\_\_

23. Signature Mattie Walker (M. D. or other) \_\_\_\_\_

Address 1132 Prof 1019 Date signed 1/29/45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

4838

Dr Holbrook  
Prof Bldg

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *M. L. Canaday* .....

Licensed Embalmer No. *3434* .....

P. O. Address. *Falden, Mo.* .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**